

09/22/00
1094 U.S. PTO

Please type a plus sign (+) inside the box → +

A PTO/SB/05 (2/98)

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **TI-29490**

First Named Inventor or Application Identifier

Alan V. McCreeTitle **Speech Coding and System**

Express Mail Label No.

EL547747103US

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/155,518 filed 09/22/1999.--

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO: <small>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</small>																															
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 36] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 14] [Total Pages 2]</p> <p>4. Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) </p> <p style="text-align: center;">[Note Box 5 below]</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies </p>																																
<p>ACCOMPANYING APPLICATION PARTS</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">8.</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td>Assignment Papers (cover sheet & Documents(s))</td> </tr> <tr> <td>9.</td> <td><input type="checkbox"/></td> <td>37 CFR §3.73(b) Statement (when there is an assignee)</td> <td><input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/></td> <td>English Translation Document (if applicable)</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/></td> <td>Information Disclosure Statement (IDS)/PTO-1449</td> <td><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>12.</td> <td><input type="checkbox"/></td> <td>Preliminary Amendment</td> </tr> <tr> <td>13.</td> <td><input checked="" type="checkbox"/></td> <td>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td>14.</td> <td><input type="checkbox"/></td> <td>*Small Entity Statement(s)</td> <td><input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) Status still proper and desired</td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/></td> <td>Certified Copy of Priority Document(s) if foreign priority is claimed</td> </tr> <tr> <td>16.</td> <td><input type="checkbox"/></td> <td>Other:</td> </tr> </table> <p style="text-align: right;"><small>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</small></p>				8.	<input checked="" type="checkbox"/>	Assignment Papers (cover sheet & Documents(s))	9.	<input type="checkbox"/>	37 CFR §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	10.	<input type="checkbox"/>	English Translation Document (if applicable)	11.	<input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	12.	<input type="checkbox"/>	Preliminary Amendment	13.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	14.	<input type="checkbox"/>	*Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) Status still proper and desired	15.	<input type="checkbox"/>	Certified Copy of Priority Document(s) if foreign priority is claimed	16.	<input type="checkbox"/>	Other:
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<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: / .</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p>																																	
<p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 23494 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td colspan="3"></td> </tr> <tr> <td>ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>COUNTRY</td> <td>TELEPHONE</td> <td>(972) 917-4365</td> <td>FAX (972) 917-4418</td> </tr> </table>				NAME				ADDRESS				CITY	STATE	ZIP CODE		COUNTRY	TELEPHONE	(972) 917-4365	FAX (972) 917-4418														
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COUNTRY	TELEPHONE	(972) 917-4365	FAX (972) 917-4418																														
Name (Print/Type)		Carlton H. Hoel																															
Signature																																	
		Registration No. (Attorney/Agent)	29,934																														
		Date	9/22/00																														

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DATE: 09/22/2000

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Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$) **\$690****Complete If Known**

Application Number

Filing Date **09/22/2000**First Named Inventor **Alan V. McCree**

Examiner Name

Group / Art Unit

Attorney Docket No. **TI-29490****METHOD OF PAYMENT**

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:

Check Money Order Other

FEES CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
401	790	201	395	Utility filing fee	\$690
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1)

(\$ 690)**2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	1	-20** =	0 x 18 =	\$00
Independent Claims	1	-3** =	0 x 78 =	\$00
Multiple Dependent				\$00

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	11	Claims in excess of 20
102	78	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 00)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 00)

Complete (if applicable)

SUBMITTED BY

Typed or Printed Name

Carlton H. HoelReg. Number **29,934**

Signature

Date

9/22/00

Deposit Account User ID